



## REQUEST TO AUDIT

Semester:

Fall    Spring    Summer    Winter    Spring Break   Year:

Student ID Number

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Last

First

MI

I request the approval of the instructor to audit the following course:

Dept:

Course:

Section:

Instructor's Signature:

Date:

This slip must be returned to the Registrar's Office, by the student after it is signed by the instructor. It must be in before the end of the third week of classes for the Fall and Spring semester. This course may not be counted in 12.0 credits for full-time status for undergraduates or 9.0 credits for full-time graduate students.